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Bib Data Sheet

CONFIRMATION NO. 3688

<b>SERIAL NUMBER</b> 09/884,862	<b>FILING DATE</b> 06/19/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 279.024US6
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF 09/689,018 10/12/2000 PAT 6,280,462  
WHICH IS A CON OF 09/344,843 06/28/1999 PAT 6,157,860  
WHICH IS A CON OF 08/964,120 11/04/1997 PAT 5,916,238  
WHICH IS A CON OF 08/380,538 01/30/1995 PAT 5,713,926  
WHICH IS A CON OF 07/917,899 07/24/1992 PAT 5,385,574  
WHICH IS A CIP OF 07/514,251 04/25/1990 PAT 5,133,353

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/23/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>56</u> Initials				

## ADDRESS

21186

## TITLE

Implantable intravenous cardiac stimulation system with pulse generator housing serving as optional additional electrode

<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit